

431 - ORAL HEALTH CARE FOR EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT AGED MEMBERS

EFFECTIVE DATES: 04/01/14, 04/01/17, 10/01/18

REVISION DATES: 10/01/15, 07/01/16, 02/02/17, 06/07/18

I. PURPOSE

This Policy applies to AHCCCS Complete Care (ACC), ALTCS/EPD, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Services (FFS) Programs as delineated within this Policy including: Tribal ALTCS, TRBHA, the American Indian Health Program (AIHP); and all FFS populations, excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). This Policy establishes requirements for member oral health care.

II. DEFINITIONS

DENTAL HOME

The ongoing relationship between the dentist and the member, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way (American Academy of Pediatric Dentistry (AAPD)).

EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT (EPSDT)

A comprehensive child health program of prevention, treatment, correction, and improvement of physical and behavioral health conditions for AHCCCS members under the age of 21. The purpose of EPSDT is to ensure the availability and accessibility of health care resources as well as to assist Medicaid recipients in effectively utilizing these resources. EPSDT services provide comprehensive health care through primary prevention, early intervention, diagnosis, medically necessary treatment, and follow-up care of physical and behavioral health conditions for AHCCCS members less than 21 years of age. EPSDT services include screening services, vision services, dental services, hearing services and all other medically necessary mandatory and optional services listed in Federal Law 42 U.S.C. 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions identified in an EPSDT screening whether or not the services are covered under the AHCCCS State Plan. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness, do not apply to EPSDT services.

PRIMARY CARE PROVIDER (PCP)

An individual who meets the requirements of A.R.S. §36-2901, and who is responsible for the management of the member's health care. A PCP may be a physician defined as a person licensed as an allopathic or osteopathic physician according to A.R.S. Title 32, Chapter 13 or Chapter 17, or a practitioner defined as a physician assistant licensed under A.R.S. Title 32, Chapter 25, or a certified nurse practitioner licensed under A.R.S. Title 32, Chapter 15. The PCP must be an individual, not a group or association of persons, such as a clinic.

III. POLICY

As part of the physical examination, the physician, physician's assistant, or nurse practitioner shall perform an oral health screening. A screening is intended to identify gross dental or oral lesions, but is not a thorough clinical examination and does not involve making a clinical diagnosis resulting in a treatment plan. Depending on the results of the oral health screening, referral to a dentist shall be made as outlined in the Contract:

CATEGORY	APPOINTMENT STANDARDS
URGENT	As expeditiously as the member's health condition requires but no later than three days of request
ROUTINE CARE	Within 45 calendar days of request.

An oral health screening shall be part of an Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screening conducted by a Primary Care Provider (PCP). However, it does not substitute for examination through direct referral to a dentist. PCPs shall refer EPSDT members for appropriate services based on needs identified through the screening process and for routine dental care based on the AHCCCS EPSDT Periodicity Schedule. Evidence of this referral shall be documented on the EPSDT Tracking Form (AMPM Appendix B) and in the member's medical record.

PCPs who have completed the AHCCCS required training, may be reimbursed for fluoride varnish applications completed at the EPSDT visits for members who are at least six months of age, with at least one tooth eruption. Additional applications occurring every six months during an EPSDT visit, up until member's second birthday, may be reimbursed according to AHCCCS-approved fee schedules. Application of fluoride varnish by the PCP, does not take the place of an oral health visit.

AHCCCS recommended training for fluoride varnish application is located at <http://www.smilesforlifeoralhealth.org>. Refer to Training Module 6 that covers caries risk assessment, fluoride varnish, and counseling. Upon completion of the required training, providers shall submit a copy of their certificate to each of the contacted health plans in which they participate, as this is required prior to issuing payment for PCP applied

fluoride varnish. This certificate may be used in the credentialing process to verify completion of training necessary for reimbursement.

Additional training resources may be found on the Arizona Department of Health Services website.

A. DENTAL HOME

The Dental Home shall provide:

1. Comprehensive oral health care including acute care and preventive services in accordance with Attachment A.
2. Comprehensive assessment for oral diseases and conditions.
3. Individualized preventive dental health program based upon a caries-risk assessment and a periodontal disease risk assessment.
4. Anticipatory guidance about growth and development issues (i.e., teething, digit, or pacifier habits).
5. Plan for acute dental trauma.
6. Information about proper care of the child's teeth and gingivae. This would include the prevention, diagnosis, and treatment of disease of the supporting and surrounding tissues and the maintenance of health, function, and esthetics of those structures and tissues.
7. Dietary counseling.
8. Referrals to dental specialists when care cannot directly be provided within the Dental Home.

Members shall be assigned to a Dental Home by one year of age and seen by a dentist for routine preventive care according to Attachment A. Members shall also be referred for additional oral health care concerns requiring additional evaluation and/or treatment.

Although Attachment A identifies when routine referrals begin, PCPs may refer EPSDT members for a dental assessment at an earlier age, if their oral health screening reveals potential carious lesions or other conditions requiring assessment and/or treatment by a dental professional. In addition to PCP referrals, EPSDT members are allowed self-referral to a dentist who is included in the Contractor's provider network.

B. COVERED SERVICES

EPSDT covers the following dental services:

1. Emergency dental services including:
 - a. Treatment for pain, infection, swelling and/or injury,
 - b. Extraction of symptomatic (including pain), infected and non-restorable primary and permanent teeth, as well as retained primary teeth (extractions are limited to teeth which are symptomatic), and
 - c. General anesthesia, conscious sedation or anxiolysis (minimal sedation, members respond normally to verbal commands) when local anesthesia is contraindicated or when management of the member requires it. (See AMPM Policy 430.)
2. Members receiving EPSDT and Oral Health services through the RBHA are only covered for members 18 to 21 years of age. All other members receive Oral Health and EPSDT services up to 21 years of age.
3. Preventive dental services provided as specified in Attachment A, including but not limited to:
 - a. Diagnostic services including comprehensive and periodic examinations. Contractors shall allow two oral examinations and two oral prophylaxis and fluoride treatments per member per year (i.e. one every six months) for members 12 months to 21 years of age,
 - b. Radiology services screening for diagnosis of dental abnormalities and/or pathology, including panoramic or full-mouth x-rays, supplemental bitewing x-rays, and occlusal or periapical films, as medically necessary and following the recommendations by the AAPD.
 - c. Panorex films will be covered as recommended by the AAPD, up to three times maximum per provider for children between the ages of three to 20, further panorex films needed above this limit shall be deemed medically necessary through the Contractor's Prior Authorization (PA) process,
 - d. Preventive services, which include:
 - i. Oral prophylaxis performed by a dentist or dental hygienist that includes self-care oral hygiene instructions to member, if able, or to the parent/guardian/designated representative,
 - ii. Application of topical fluorides. The use of a prophylaxis paste containing fluoride or fluoride mouth rinses do not meet the AHCCCS standard for fluoride treatment,
 - iii. Dental sealants for first and second molars are covered every three years up to 15 years of age, with a two-time maximum benefit. Additional applications shall be deemed medically necessary and require PA through the Contractor, and
 - iv. Space maintainers when posterior primary teeth are lost and when deemed medically necessary through the Contractor's PA process.

4. All therapeutic dental services will be covered when they are considered medically necessary and cost effective, but may be subject to PA by the Contractor or AHCCCS Division of Fee-For-Service Management for FFS members. These services include, but are not limited to:
 - a. Periodontal procedures, scaling/root planing, curettage, gingivectomy, and osseous surgery,
 - b. Crowns:
 - i. When appropriate, stainless steel crowns may be used for both primary and permanent posterior teeth; composite, prefabricated stainless steel crowns with a resin window or crowns with esthetic coatings should be used for anterior primary teeth, or
 - ii. Precious or cast semi-precious crowns may be used on functional permanent endodontically treated teeth, except third molars, for members who are 18 to 21 years of age,
 - c. Endodontic services including pulp therapy for permanent and primary teeth, except third molars (unless a third molar is functioning in place of a missing molar),
 - d. Restoration of carious permanent and primary teeth with accepted dental materials other than cast or porcelain restorations unless the member is 18 to 21 years of age and has had endodontic treatment,
 - e. Restorations of anterior teeth for children under the age of five, when medically necessary. Children, five years and over with primary anterior tooth decay should be considered for extraction, if presenting with pain or severely broken down tooth structure, or be considered for observation until the point of exfoliation as determined by the dental provider,
 - f. Removable dental prosthetics, including complete dentures and removable partial dentures, and
 - g. Orthodontic services and orthognathic surgery are covered only when these services are necessary to treat a handicapping malocclusion. Services shall be medically necessary and determined to be the primary treatment of choice or an essential part of an overall treatment plan developed by both the PCP and the dentist in consultation with each other. Orthodontic services are not covered when the primary purpose is cosmetic.

Examples of conditions that may require orthodontic treatment include the following:

 - i. Congenital craniofacial or dentofacial malformations requiring reconstructive surgical correction in addition to orthodontic services,
 - ii. Trauma requiring surgical treatment in addition to orthodontic services, or
 - iii. Skeletal discrepancy involving maxillary and/or mandibular structures.

Services or items furnished solely for cosmetic purposes are excluded from AHCCCS coverage (A.A.C. R9-22-215).

C. PROVIDER REQUIREMENTS

Informed consent is a process by which the dental provider advises the member/member's parent/guardian/designated representative of the diagnosis, proposed treatment and alternate treatment methods with associated risks and benefits of each, as well as the associated risks and benefits of not receiving treatment.

Informed consents for oral health treatment include:

1. A written consent for examination and/or any preventative treatment measure, which does not include an irreversible procedure, as mentioned below. This consent is completed at the time of initial examination and is updated at each subsequent six month follow-up appointment, and
2. A separate written consent for any irreversible, invasive procedure, including but not limited to dental fillings, pulpotomy, etc. In addition, a written treatment plan shall be reviewed and signed by both parties, as described below, with the member's parent/guardian/designated representative receiving a copy of the complete treatment plan.

All providers shall complete the appropriate informed consents and treatment plans for AHCCCS members as listed above, in order to provide quality and consistent care, in a manner that protects and is easily understood by the member and/or the member's parent/guardian/designated representative. Consents and treatment plans shall be in writing and signed/dated by both the provider and the member, or the member's parent/guardian/designated representative, if the member is under 18 years of age or is 18 years of age or older and considered an incapacitated person, as defined in A.R.S. §14-5101. Completed consents and treatment plans shall be maintained in the members' chart and are subject to audit.

D. CONTRACTOR REQUIREMENTS

1. Conduct annual outreach efforts to members receiving oral health care through school-based or mobile unit providers (whether in or out of network), ensuring members are aware of their Dental Home provider and contact information, as well as understand the availability of ongoing-access to care through the Dental Home provider, when school-based or mobile unit providers are not accessible.
2. Contractors shall conduct written member educational outreach related to Dental Home, importance of oral health care, dental decay prevention measures, recommended dental periodicity schedule, and other Contractor selected topics at a minimum of once every 12 months. These topics may be addressed separately or combined into one written outreach material, however, each topic shall be covered during the 12-month period (Refer to AMPM Exhibit 400-3).
3. Educate providers in the importance of offering continuously accessible, coordinated, family-centered care.

4. Develop processes to:
 - a. Ensure members are enrolled into a Dental Home by one year of age to allow for an ongoing relationship providing comprehensive oral health care. This process shall allow members the choice of dental providers from within the Contractor's provider network and provide members instructions on how to select or change a Dental Home provider. Members not selecting a Dental Home provider will be automatically assigned a provider by the Contractor,
 - b. Connect all EPSDT age members to a Dental Home before one year of age or upon assignment to the Contractor, informing members of selected or assigned Dental Home provider contact information and recommended dental visit schedule,
 - c. Monitor member participation with the Dental Home and provide outreach to members who have not completed visits as specified in Attachment A,
 - d. Develop, implement, and maintain a procedure to notify all members/guardians/designated representatives of visits required by Attachment A and AMPM 430 Attachment A. Processes other than mailings shall be pre-approved by AHCCCS Clinical Quality Management. This procedure shall include notification to members or responsible parties regarding due dates of biannual (once every six months) dental visits. If a dental visit has not taken place, a second notice shall be sent, and
 - e. Monitor provider engagement, related to scheduling and follow-up of missed appointments, to ensure care consistent with Attachment A for assigned EPSDT members.
5. Develop and implement processes to reduce no-show appointment rates for Dental services.
6. Provide targeted outreach to those members who did not show for appointments.

Contractors shall encourage all providers to schedule the next Dental screening at the current office visit, particularly for children 24 months of age and younger.

7. Require the use of AMPM Attachment A by all contracted providers. The AHCCCS Dental Periodicity Schedule gives providers necessary information regarding timeframes in which age-related required screenings and services shall be rendered by providers.
8. Adhere to the Dental Uniform Prior Authorization List (List) as agreed upon by the Contractors. Refer to the AHCCCS website under Resources: Guides- Manuals- Policies. All requests for changes to the List shall be submitted to the AHCCCS DHCM designated Operations and Compliance Officer for review. Requests shall include supporting documentation and rationale for the proposed changes. CMDP is excluded from the List requirement.

9. (Effective 08/01/18) Adhere to the Uniform Warranty List as agreed upon by the Contractors. Refer to the AHCCCS website under Resources-Guides-Manuals-Policies. All requests for changes to the list shall be submitted to the AHCCCS DHCM designated Operations and Compliance Officer for review. Requests shall include supporting documentation and rationale for the proposed changes.

E. CONTRACTOR REQUIREMENTS FOR THE DENTAL ANNUAL PLAN AND EVALUATION

Each Contractor shall have a written Dental Annual Plan that addresses minimum Contractor requirements as specified in the prior section, as well as the objectives of the Contractor's program that are focused on achieving AHCCCS requirements. The Contractor shall also incorporate into the plan monitoring and evaluation activities for these minimum requirements (see AMPM Exhibit 400-2C). The Dental Annual Plan shall be submitted as specified in Contract. (See AMPM Exhibit 400-1, Maternal and Child Health Reporting Requirements). The written Dental Annual Plan shall contain, at a minimum, the following:

1. Dental Narrative Plan – A written narrative description of all planned activities to address the Contractor's minimum requirements for Dental services, as specified in the prior section. The narrative description shall also include Contractor activities to identify member needs and coordination of care, as well as follow-up activities to ensure appropriate treatment is received in a timely manner.
2. Dental Work Plan Evaluation – An evaluation of the previous year's Work Plan to determine the effectiveness of strategies, interventions, and activities used toward meeting stated objectives.
3. Dental Work Plan that includes:
 - a. Specific measurable objectives. These objectives shall be based on AHCCCS established Minimum Performance Standards. In cases where AHCCCS Minimum Performance Standards have been met, other generally accepted benchmarks that continue the Contractor's improvement efforts will be used (e.g., National Committee on Quality Assurance, Healthy People 2020 standards). The Contractor may also develop their own specific measurable goals and objectives aimed at enhancing the Dental program when Minimum Performance Standards have been met,
 - b. Strategies and specific measurable interventions to accomplish objectives (e.g., member outreach, provider education and provider compliance with mandatory components of the Dental program),
 - c. Targeted implementation and completion dates of work plan activities,
 - d. Assigned local staff position(s) responsible and accountable for meeting each established goal and objective, and
 - e. Identification and implementation of new interventions, continuation of, or modification to existing interventions, based on analysis of the previous year's Work Plan Evaluation.

4. Relevant policies and procedures, referenced in the Dental Annual Plan, submitted as separate attachments.

F. AFFILIATED PRACTICE DENTAL HYGIENIST

In addition to the requirements specified in ARS §32-1281 and §32-1289, AHCCCS requires the following:

1. Both the dental hygienist and the dentist in the affiliated practice relationship shall be registered AHCCCS providers.
2. A current copy of the affiliated practice agreement between the dentist and the affiliated practice hygienist and notification when changes to this agreement are made or the agreement is terminated.
3. The affiliated practice dental hygienist shall maintain individual patient records of AHCCCS members in accordance with the Arizona State Dental Practice Act. At a minimum this shall include member identification, parent/guardian/designated representative identification, signed authorization (parental consent) for services, patient medical history, and documentation of services rendered.
4. When practicing under the scope of an affiliated practice dental hygienist, the affiliated practice dental hygienist shall register with AHCCCS and shall be identified as the treating provider under his or her individual AHCCCS provider identification number / NPI number. In addition, if the services are to be billed to an AHCCCS Contractor, the affiliated practice dental hygienist and the dentist with whom he/she is affiliated shall be a credentialed network provider of the Contractor.
5. The affiliated practice dental hygienist will only be reimbursed for providing services in accordance with State statute and regulations, AHCCCS policy and provider agreement, and their affiliated practice agreement.
6. AHCCCS reimbursement for dental radiographs is restricted to providers who are qualified to perform both the exposure and the interpretation of dental radiographs.

Refer to AMPM Chapter 820 for information related to prior authorization requirements.